



TO	STATION TO WHICH FORM IS FORWARDED	FROM	NAME AND LOCATION OF PREPARING OFFICE
----	------------------------------------	------	---------------------------------------

NOTE TO EMPLOYEE: Complete Items 1-14. The information requested on this form is solicited under authority of Title 38, United States Code, and will be used to identify the benefit records VA maintains for you and your relatives and to assure their proper maintenance in accordance with VA policy governing employee-veterans records. Disclosure is voluntary; however, if the information is not furnished, we cannot assure identification of your benefit records and their maintenance at the security level specified by VA policy.

1. LAST NAME - FIRST NAME - MIDDLE NAME (Print or type)		2. FULL NAME USED IN MILITARY SERVICE (Last - first - middle)	
3. SOCIAL SECURITY NO.	4. SERVICE NO.	5. INSURANCE FILE NO. (Include prefix)	6. CLAIM FILE NO. (Include prefix)
7. VA BENEFITS APPLIED FOR			
<input type="checkbox"/> NONE	<input type="checkbox"/> DISABILITY COMPENSATION	<input type="checkbox"/> PENSION	<input type="checkbox"/> RETIREMENT PAY
<input type="checkbox"/> VOCATIONAL REHABILITATION	<input type="checkbox"/> EDUCATION OR TRAINING	<input type="checkbox"/> LOAN GUARANTY	
<input type="checkbox"/> HOSPITAL OR DOMICILIARY CARE	<input type="checkbox"/> OUT-PATIENT TREATMENT	<input type="checkbox"/> TOTAL OR TOTAL AND PERMANENT DISABILITY (USGLI)	<input type="checkbox"/> TOTAL DISABILITY (NSLI)
<input type="checkbox"/> OTHER (Specify)			
8. LOCATION OF INSURANCE FOLDER (If known)		9. LOCATION OF CLAIMS FOLDER (Include prefix)	

10. RELATIVES OF EMPLOYEE WHO ARE VETERANS AND/OR BENEFICIARIES

NOTE: List ALL RELATIVES who are receiving veterans benefits or beneficiary payments. Use reverse if additional space is needed. Be sure to provide all information.

A	1. LAST NAME - FIRST NAME - MIDDLE NAME (Print or type)	2. FULL NAME USED IN MILITARY SERVICE (Last - first - middle)	
	3. RELATIONSHIP	4. INSURANCE FILE NO. (Include prefix)	5. CLAIM FILE NO. (Include prefix)
B	1. LAST NAME - FIRST NAME - MIDDLE NAME (Print or type)	2. FULL NAME USED IN MILITARY SERVICE (Last - first - middle)	
	3. RELATIONSHIP	4. INSURANCE FILE NO. (Include prefix)	5. CLAIM FILE NO. (Include prefix)
C	1. LAST NAME - FIRST NAME - MIDDLE NAME (Print or type)	2. FULL NAME USED IN MILITARY SERVICE (Last - first - middle)	
	3. RELATIONSHIP	4. INSURANCE FILE NO. (Include prefix)	5. CLAIM FILE NO. (Include prefix)
D	1. LAST NAME - FIRST NAME - MIDDLE NAME (Print or type)	2. FULL NAME USED IN MILITARY SERVICE (Last - first - middle)	
	3. RELATIONSHIP	4. INSURANCE FILE NO. (Include prefix)	5. CLAIM FILE NO. (Include prefix)

11. ADDITIONAL INFORMATION		
----------------------------	--	--

12. HOME ADDRESS OF EMPLOYEE (For next 90 days or more)	13. SIGNATURE OF EMPLOYEE - VETERAN	14. DATE SIGNED
---	-------------------------------------	-----------------

15. REMARKS		
-------------	--	--

16. NATURE OF PERSONNEL ACTION	17. SIGNATURE OF PERSONNEL OFFICER	18. EFFECTIVE DATE OF PERSONNEL ACTION
<input type="checkbox"/> EMPLOYMENT <input type="checkbox"/> TRANSFER <input type="checkbox"/> SEPARATION		